

Fill in this information to identify your case:

United States Bankruptcy Court for the:

CENTRAL DISTRICT OF CALIFORNIA

Case number (if known) Chapter **11**

☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

04/20

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name **Vitality Health Plan of California, Inc.**

2. All other names debtor used in the last 8 years

Include any assumed names, trade names and *doing business as* names

DBA Vitality Health Plan

3. Debtor's federal Employer Identification Number (EIN) **81-4822508**

4. Debtor's address Principal place of business Mailing address, if different from principal place of business

**18000 Studebaker Road, Suite 960
Cerritos, CA 90703**

Number, Street, City, State & ZIP Code

Los Angeles

County

P.O. Box, Number, Street, City, State & ZIP Code

Location of principal assets, if different from principal place of business

Number, Street, City, State & ZIP Code

5. Debtor's website (URL) **www.Vitalityhp.net**

6. Type of debtor
☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))
☐ Partnership (excluding LLP)
☐ Other. Specify:

Debtor **Vitality Health Plan of California, Inc.**
Name

Case number (if known)

7. Describe debtor's business

A. Check one:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
☐ Railroad (as defined in 11 U.S.C. § 101(44))
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
☒ None of the above

B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)
☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.
See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

- ☐ Chapter 7
☐ Chapter 9

☒ Chapter 11. Check all that apply:

A debtor who is a "small business debtor" must check the first sub-box. A debtor as defined in § 1182(1) who elects to proceed under subchapter V of chapter 11 (whether or not the debtor is a "small business debtor") must check the second sub-box.

- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,725,625. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
☐ The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, **and it chooses to proceed under Subchapter V of Chapter 11**. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
☐ A plan is being filed with this petition.
☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

☒ No.

☐ Yes.

If more than 2 cases, attach a separate list.

District	_____	When	_____	Case number	_____
District	_____	When	_____	Case number	_____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

☒ No

☐ Yes.

List all cases. If more than 1, attach a separate list

Debtor	_____	Relationship	_____
District	_____	When	_____
		Case number, if known	_____

Debtor **Vitality Health Plan of California, Inc.**
Name

Case number (if known)

11. Why is the case filed in this district?

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

☒ No

☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard?

☐ It needs to be physically secured or protected from the weather.

☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

☐ Other

Where is the property?

Number, Street, City, State & ZIP Code

Is the property insured?

☐ No

☐ Yes. Insurance agency

Contact name

Phone

Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors

☐ 1-49

☐ 50-99

☐ 100-199

☐ 200-999

☒ 1,000-5,000

☐ 5001-10,000

☐ 10,001-25,000

☐ 25,001-50,000

☐ 50,001-100,000

☐ More than 100,000

15. Estimated Assets

☐ \$0 - \$50,000

☐ \$50,001 - \$100,000

☐ \$100,001 - \$500,000

☐ \$500,001 - \$1 million

☒ \$1,000,001 - \$10 million

☐ \$10,000,001 - \$50 million

☐ \$50,000,001 - \$100 million

☐ \$100,000,001 - \$500 million

☐ \$500,000,001 - \$1 billion

☐ \$1,000,000,001 - \$10 billion

☐ \$10,000,000,001 - \$50 billion

☐ More than \$50 billion

16. Estimated liabilities

☐ \$0 - \$50,000

☐ \$50,001 - \$100,000

☐ \$100,001 - \$500,000

☐ \$500,001 - \$1 million

☐ \$1,000,001 - \$10 million

☒ \$10,000,001 - \$50 million

☐ \$50,000,001 - \$100 million

☐ \$100,000,001 - \$500 million

☐ \$500,000,001 - \$1 billion

☐ \$1,000,000,001 - \$10 billion

☐ \$10,000,000,001 - \$50 billion

☐ More than \$50 billion

Debtor Vitality Health Plan of California, Inc.
Name

Case number (if known) _____

16. Estimated liabilities

- | | | |
|--|---|--|
| <input type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input checked="" type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor

- ☐ The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.
- ☐ I have been authorized to file this petition on behalf of the debtor.
- ☐ I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 12/18/2020
MM / DD / YYYY

X

Signature of authorized representative of debtor

Brian Barry

Printed name

Title CEO

18. Signature of attorney

X See Attached Signature Page

Signature of attorney for debtor

Date

MM / DD / YYYY

Printed name

Firm name

Number Street

City

State

ZIP Code

Contact phone

Email address

Bar number

State

Debtor **Vitality Health Plan of California, Inc.**
Name

Case number (if known)

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on

MM / DD / YYYY

X See Attached Signature Page

Signature of authorized representative of debtor

Brian O'Neil Barry

Printed name

Title **President and CEO**

18. Signature of attorney

X /s/ Garrick A. Hollander

Date **12/18/2020**

Signature of attorney for debtor

MM / DD / YYYY

Garrick A. Hollander

Printed name

Winthrop Golubow Hollander, LLP

Firm name

1301 Dove Street, Suite 500

Newport Beach, CA 92660

Number, Street, City, State & ZIP Code

Contact phone **949-720-4100**

Email address **ghollander@wghlawyers.com**

166316 CA

Bar number and State

Central District of California

In re: **Vitality Health Plan of California, Inc.,**

Debtor

Case No.

Chapter **11**

STATEMENT REGARDING AUTHORITY TO SIGN AND FILE PETITION

I, Brian Barry, am the President, Chief Executive Officer and Chairman of the Board of Vitality Health Plan of California, Inc., the Debtor named herein, and that on December 14, 2020, the following resolution was duly adopted by the Board of Directors of this corporation:

"Whereas, it is in the best interest of this corporation to file a voluntary petition in the United States Bankruptcy Court pursuant to Chapter 11 of Title 11 of the United States Code;

Be It Therefore Resolved, that Brian Barry, the President, Chief Executive Officer and Chairman of the Board of Vitality Health Plan of California, Inc., is authorized and directed to execute and deliver all documents necessary to perfect the filing of a chapter 11 voluntary bankruptcy on behalf of Vitality Health Plan of California, Inc.; and

Be It Further Resolved, that Brian Barry, the President, Chief Executive Officer and Chairman of the Board of Quality Reimbursement Services, Inc., is authorized and directed to appear in all bankruptcy proceedings on behalf of the Debtor, and to otherwise do and perform all acts and deeds and to execute and deliver all necessary documents on behalf of the Debtor in connection with such bankruptcy case; and

Be It Further Resolved, that Brian Barry, the President, Chief Executive Officer and Chairman of the Board of Vitality Health Plan of California, Inc., is authorized and directed to employ the law firm of Winthrop Golubow Hollander, LLP to represent the Debtor in such bankruptcy case."

Executed on: December 14, 2020

Signed: _____

Name: Brian Barry,

Its: President, Chief Executive
Officer and Chairman of the Board

Fill in this information to identify the case:

Debtor name Vitality Health Plan of California, Inc.
United States Bankruptcy Court for the: CENTRAL DISTRICT OF CALIFORNIA
Case number (if known): _____

☐ Check if this is an
amended filing

Official Form 204

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Regional Medical Center of San Jose James Johnston 225 North Jackson Ave. San Jose, CA 95116-1603	James Johnston James.Johnston@HCAHealthcare.com	Hospital				\$3,949,333.96
MedImpact Healthcare Systems James Gollaher, CFO 10181 Scripps Gateway Court San Diego, CA 92131	James Gollaher James.Gollaher@MedImpact.com	Pharmacy				\$3,534,297.32
El Camino Hospital Joan Kezic, VP 2500 Grant Rd. Mountain View, CA 94040	Joan Kezic Joan_Kezic@elcaminohealth.org	Hospital				\$1,636,461.18
Good Samaritan Hospital James Johnston 2425 Samaritan Dr. San Jose, CA 95124-3908	George Hurrell George.Hurrell@hhs.sccgov.org	Hospital				\$1,487,088.47
Santa Clara Valley Medical George Hurrell 751 S. Bascom Ave. San Jose, CA 95128-2604	George Hurrell George.Hurrell@hhs.sccgov.org	Hospital				\$1,065,055.21
O'Connor Hospital George Hurrell 2105 Forest Ave San Jose, CA 95128	George Hurrell George.Hurrell@hhs.sccgov.org	Hospital				\$1,049,008.49

Debtor **Vitality Health Plan of California, Inc.**
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Stanford Medical Center Attn: President 300 Pasteur Dr, MC 5500 Stanford, CA 94305-2200		Hospital				\$881,752.63
Christopher Do, M.D. a Professional Corporation Sole Proprietor 1569 Lexann Ave. San Jose, CA 95121	cndo691@comcast.net	Loan				\$316,402.60
Kindred at Home Attn: Regional Director 4030 Moorpark Ave., Suite 251 San Jose, CA 95117	megan.baker@kindred.com	Home Health Care Provider				\$256,276.15
Medcore HP Maria Martinez, COO 2609 E. Hammer Lane Stockton, CA 95210	Maria Martinez Maria.Martinez@MedcoreHP.net	Physician Group				\$250,000.00
Physician Partners IPA Attn: Ann Nguyen 14221 Euclid Ave. Suite G Garden Grove, CA 92843	Ann Nguyen, President A.Nguyen@ProCareMSO.com					\$199,508.69
St. Louise Regional Hospital George Hurrell 9400 No Name Uno Gilroy, CA 95020	George Hurrell George.Hurrell@hhs.sccgov.org	Hospital				\$186,535.98
Convey Health Solutions T. Fairbanks, CFO 100 SE 3rd Avenue, 26th Floor Fort Lauderdale, FL 33394	Tfairbanks@ConveyHS.com	Over the Counter Catalog Vendor				\$173,787.89
Santa Clara County IPA Janet Pulliam 1051 E Hillsdale Blvd, Suite 750 Pasadena, CA 91101	Janet Pulliam, CEO Jpulliam@PPMSI.com					\$164,513.92

Debtor **Vitality Health Plan of California, Inc.**
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Satellite Healthcare Silver Creek 1620 East Capitol Expressway San Jose, CA 95121		Dialysis Provider				\$157,247.71
Kaiser Foundation Hospital 700 Lawrence Expy Santa Clara, CA 95051-5173		Hospital				\$121,531.29
Doctors Hospital of Manteca 1205 E. North Street Manteca, CA 95336-4932		Hospital				\$100,617.64
UCSF Medical Center 505 Paranusus Ave. San Francisco, CA 94143-0810						\$85,052.65
Washington Hospital 2000 Mowry Ave. Fremont, CA 94538-1716						\$75,814.34
Heritage Oaks Hospital 4250 Auburn Blvd Sacramento, CA 95841		Hospital				\$75,058.22

Attorney or Party Name, Address, Telephone & FAX Nos., State Bar No. & Email Address Garrick A. Hollander 1301 Dove Street, Suite 500 Newport Beach, CA 92660 949-720-4100 Fax: 949-720-4111 California State Bar Number: 166316 CA ghollander@wghlawyers.com	FOR COURT USE ONLY
<input type="checkbox"/> Debtor(s) appearing without an attorney <input checked="" type="checkbox"/> Attorney for Debtor	
UNITED STATES BANKRUPTCY COURT CENTRAL DISTRICT OF CALIFORNIA	
In re: Vitality Health Plan of California, Inc.	CASE NO.: CHAPTER: 11
Debtor(s).	VERIFICATION OF MASTER MAILING LIST OF CREDITORS [LBR 1007-1(a)]

Pursuant to LBR 1007-1(a), the Debtor, or the Debtor's attorney if applicable, certifies under penalty of perjury that the master mailing list of creditors filed in this bankruptcy case, consisting of 3 sheet(s) is complete, correct, and consistent with the Debtor's schedules and I/we assume all responsibility for errors and omissions.

Date: _____

Signature of Debtor 1

Date: _____

Signature of Debtor 2 (joint debtor)) (if applicable)

Date: 12/18/2020

/s/ Garrick A. Hollander

Signature of Attorney for Debtor (if applicable)

Vitality Health Plan of California, Inc.
18000 Studebaker Road, Suite 960
Cerritos, CA 90703

Garrick A. Hollander
Winthrop Golubow Hollander, LLP
1301 Dove Street, Suite 500
Newport Beach, CA 92660

Christopher Do, M.D.
a Professional Corporation
Sole Proprietor
1569 Lexann Ave.
San Jose, CA 95121

Convey Health Solutions
T. Fairbanks, CFO
100 SE 3rd Avenue, 26th Floor
Fort Lauderdale, FL 33394

Doctors Hospital of Manteca
1205 E. North Street
Manteca, CA 95336-4932

El Camino Hospital
Joan Kezic, VP
2500 Grant Rd.
Mountain View, CA 94040

Good Samaritan Hospital
James Johnston
2425 Samaritan Dr.
San Jose, CA 95124-3908

Heritage Oaks Hospital
4250 Auburn Blvd
Sacramento, CA 95841

Kaiser Foundation Hospital
700 Lawrence Expy
Santa Clara, CA 95051-5173

Kindred at Home
Attn: Regional Director
4030 Moorpark Ave., Suite 251
San Jose, CA 95117

Medcore HP
Maria Martinez, COO
2609 E. Hammer Lane
Stockton, CA 95210

MedImpact Healthcare Systems
James Gollaher, CFO
10181 Scripps Gateway Court
San Diego, CA 92131

O'Connor Hospital
George Hurrell
2105 Forest Ave
San Jose, CA 95128

Physician Partners IPA
Attn: Ann Nguyen
14221 Euclid Ave. Suite G
Garden Grove, CA 92843

Regional Medical Center of San Jose
James Johnston
225 North Jackson Ave.
San Jose, CA 95116-1603

Santa Clara County IPA
Janet Pulliam
1051 E Hillisdale Blvd, Suite 750
Pasadena, CA 91101

Santa Clara Valley Medical
George Hurrell
751 S. Bascom Ave.
San Jose, CA 95128-2604

Satellite Healthcare Silver Creek
1620 East Capitol Expressway
San Jose, CA 95121

St. Louise Regional Hospital
George Hurrell
9400 No Name Uno
Gilroy, CA 95020

Stanford Medical Center
Attn: President
300 Pasteur Dr, MC 5500
Stanford, CA 94305-2200

UCSF Medical Center
505 Paranusus Ave.
San Francisco, CA 94143-0810

Washington Hospital
2000 Mowry Ave.
Fremont, CA 94538-1716